

PTO/SB/21 (09-04)

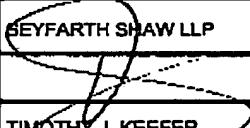
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TRANSMITTAL FORM	Application Number	09/882,409	RECEIVED CENTRAL FAX CENTER JUL 19 2005
	Filing Date	06/15/2001	
	First Named Inventor	Hironon Kobayashi	
	Art Unit	1756	
	Examiner Name	McPherson, John A.	
(to be used for all correspondence after initial filing)		Attorney Docket Number	37569-406700
Total Number of Pages in This Submission		2	

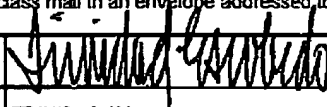
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	SEYFARTH SHAW LLP		
Signature			
Printed name	TIMOTHY J. KEEFER		
Date	7/19/05	Reg. No.	35,567

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**REVOCATION OF POWER OF
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AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/882,409
Filing Date	08/15/2001
First Named Inventor	KOBAYASHI
Art Unit	1756
Examiner Name	McPherson
Attorney Docket Number	37569-408700

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

27,717

☒ Please change the correspondence address for the above-identified application to:

☐ The address associated with
Customer Number:

27,717

OR

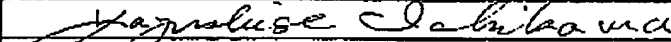
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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	Kazushige ICHIKAWA, General Manager of Intellectual Property Division		
Date	07/05/2005	Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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